

# Citydoc Moorgate

## Inspection report

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Date of inspection visit: 30/09/2019  
Date of publication: 25/11/2019

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

**This service is rated as Good overall.** (Previous inspection July 2018 – not rated in line with our methodology at that time).

The key questions are rated as:

Are services safe? – Good Are services effective? – Good Are services caring? – Good Are services responsive? – Good Are services well-led? – Good

As part of our inspection programme we carried out an announced comprehensive inspection at CityDoc Moorgate on 30 September 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

## **Our key findings were :**

- The service had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the systems in place supported learning and improvement.
- The service had adequate equipment and arrangements in place to respond to medical emergencies.
- There was a process for reporting, investigating and sharing learning outcomes for significant events.
- Staff received appropriate training and support to enable them to perform their role.
- Patient feedback indicated staff involved patients with their procedures and treated them with kindness, dignity and respect.
- Patients found it easy to get an appointment at a time that was convenient to them.
- There was a strong focus on continuous learning and improvement.
- Policies and procedures were service specific and reviewed regularly.
- The service was up to date with and adhered to local and national guidance.

There were areas where the provider could make improvements and should:

- Ensure there is a system in place to schedule training identified during staff appraisals.
- Ensure there are privacy curtains or screens available for patients during consultations.
- Ensure dispensing labels always list the name and address of the service in line with The Human Medicines Regulations 2012.

## **Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP Specialist Advisor and a Nurse Specialist Advisor.

## Background to Citydoc Moorgate

CityDoc Moorgate is located in central London at 16 City Road, London, EC1Y 2AA. CityDoc Moorgate is a private GP and nursing service that provides private general medical services, travel health services and specialises in sexual health services. CityDoc Moorgate is the flagship clinic for the provider CityDoc Medical Limited, a nationwide service with three clinics in London.

CityDoc Moorgate is registered with CQC to provide treatment of disease, disorder or injury and diagnostic and screening procedures. The service is a registered Yellow Fever Centre and is open Monday to Friday between 9am to 6pm and Saturdays from 10am to 4pm. The clinical team is made up of two doctors (one female, one male) and a female nurse practitioner.

CityDoc Moorgate provides the following services;

- Sexual health screening
- Treatment for some sexual health conditions (including chlamydia, gonorrhoea and genital warts)

- Travel vaccines and antimalarials (including yellow fever)
- Non-travel vaccines (including HPV vaccine and chicken pox)
- Referrals to secondary care services
- General medical services for children and adults

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

**We rated the service as good for providing safe services.**

## Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- All safety and safeguarding processes had a service specific policy and were adhered to. There was a lead member of staff for safeguarding and all staff were trained to the required level for their role. For example, the GPs and nurse were trained to safeguarding level 3 in line with national guidance.
- Staff displayed knowledge of the Mental Capacity Act 2005 and its applications.
- The service carried out staff checks, we saw evidence that all clinical staff received an enhanced Disclosure and Barring Services (DBS) check, according to clinical policy. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- Staff had been trained to undertake chaperone duties and patients were made aware they could request a chaperone. There were notices in the waiting room and in consulting rooms advising patients that chaperones were available.
- There was an effective system for managing fire safety. For example, we reviewed a fire risk assessment that had been completed in the last 12 months. We found that actions identified in the risk assessment has been addressed by the service.
- The service had a building risk assessment and undertook the relevant checks for the infection prevention and control and Legionella. Comprehensive infection prevention and control and cleaning audits were completed annually to ensure best practice was maintained. Legionella is a term for a bacterium which can contaminate water systems in buildings.
- The premises were clean, tidy and décor was in good condition. There was evidence of frequent cleaning confirmed by a cleaning schedule which listed method, frequency and areas to be cleaned.
- Equipment was single use and within the expiry date.
- Staff immunity status was monitored, and all staff were up to date with their own immunisations.

## Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Staffing levels were sufficient for the demands of the service. All sickness and absences were covered by the staff themselves.
- Staff felt they had received a good induction to the service and were confident in the training and support they received.
- Staff spoken to on the day were familiar with the emergency procedures regarding the safety of the building and also any medical emergencies. They were aware of the location of emergency equipment and emergency medicines. All the medicines and equipment were appropriate, accessible and fit for use. The service also had its own stock of emergency medicines. We saw evidence there was an effective system in place for ensuring the emergency medicines were available and in date.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. Non-clinical staff demonstrated knowledge in identifying the red flags symptoms for severe infection including sepsis.
- The service had all the appropriate indemnity arrangements in place to cover all potential liabilities.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.
- There was a policy in place to ensure adults accompanying patients under the age of 16 had the authority to do so.

## Information to deliver safe care and treatment

The GP had the information needed to deliver safe care and treatment to patients.

- All patients to the service had to undertake an initial assessment in order to ensure their medical history and needs were completely understood and noted. Patients were required to present identification when registering. Notes and records were securely accessed and stored.
- The care records we saw showed that information needed to deliver safe care and treatment was available.
- There was a system in place for sharing information with other agencies to enable the safe delivery of care and treatment.

## Are services safe?

- Referral letters we reviewed included all of the necessary information to ensure coordinated patient care.

### Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- Vaccines, antibiotics and anti-malarials were safely stored and dispensed, however we found that dispensing labels for antibiotics and anti-malarials did not include the name and address of the service. The provider was responsive and amended the label template to include the name and address of the service immediately following the inspection.
- The service did stock vaccines and adopt Patient Group Directions (PGDs) as there were no non-medical prescribers working at the clinic. PGDs we reviewed were appropriately authorised and in date. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The service had reviewed its antimicrobial prescribing and took action to support good antimicrobial stewardship in line with local and national guidance. For example, by completing a two-cycle clinical audit on antibiotic prescribing.

### Track record on safety

The service had a good track record on safety.

- There had been four significant events recorded within the last 12 months. We saw evidence the significant events had been documented and analysed with an improvement made as the result of learning. There was a clear, service specific policy in place to inform staff through the reporting process.
- There were comprehensive risk assessments in relation to safety issues for example, annual fire risk assessments, health and safety risk assessment, annual infection prevention and control audits, annual portable appliance testing, annual calibration of medical equipment and risk assessments were in place for any storage of hazardous substances.

### Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- Staff understood their duty to raise concerns and report incidents and near misses.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. We reviewed the log held of all relevant medicines and safety alerts and actions undertaken for relevant alert.

# Are services effective?

**We rated the service as good for providing effective services.**

## Effective needs assessment, care and treatment

The provider had systems to ensure staff were kept up to date with current evidence-based practice. We saw evidence clinical staff assessed and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patient outcomes were monitored using personalised treatment programmes, information and after care advice.
- The service monitored these guidelines through risk assessments, audits and random sample checks of patient records.
- Reception staff knew to contact clinical staff for any patients presenting with high risk symptoms such as chest pain or difficulty in breathing.

## Monitoring care and treatment

There was evidence of quality improvement and the service routinely reviewed the effectiveness and appropriateness of the care provided. For example:

- There was a system in place to ensure consultation notes were peer reviewed for clinical effectiveness, we saw evidence to support this.
- The service reviewed prescribing of antibiotics, we saw evidence of this through a completed two-cycle clinical audit of antibiotic prescribing. The second cycle of the audit showed a significant improvement in appropriate antibiotic prescribing at 94% compared to the first cycle findings of 75%. The provider updated the antibiotic policy to include guidance for antibiotic prescribing for upper urinary tract infections and infections of the eye.
- Audits were conducted in response to patient safety alerts. For example, we saw evidence the provider completed an audit of administered yellow fever vaccines in response to patient safety alert issued in April 2019. The audit resulted in a change of policy to ensure patient safety including ensuring a risk assessment was completed and documented for patients in the at risk group. A re-audit was scheduled for October 2019 to ensure clinicians were following the new policy.

## Effective staffing

Staff had the skills, knowledge and experience to carry out their role.

- Clinical staff were registered with the appropriate medical authorities, had valid qualifications and could provide evidence of up date training where required. However, when reviewed the appraisal of one clinical member of staff we found the appraisal had identified an area of training that had not been acted on. We asked the provider about this we were told they were aware of it and would had planned to schedule the training but had no evidence to confirm this. Immediately following inspection we were provided evidence the training had been scheduled for December 2019.
- Personnel files indicated mandatory training was completed by all staff as well as role-specific training. For example, the nurse had completed cytology update training.
- The service provided staff with ongoing support including annual appraisals. There was an induction programme for new staff. This included one to one meetings and coaching and mentoring.

## Coordinating patient care and information sharing

The GP worked together with other services to deliver effective care and treatment.

- Patients received specific care options appropriate to their needs.
- The service co-ordinated care in order to ensure the treatments and referrals were relevant to the needs of the client and in line with their underlying medical needs. Referrals to private or NHS care were comprehensive and included all relevant patient information.

## Supporting patients to live healthier lives

The provider ensured all the treatment and advice offered was in accordance to national guidelines and that all health advice was aimed towards ensuring patients were safe and aware of the best practice and prevention advice.

## Consent to care and treatment

The provider obtained consent to care and treatment in line with legislation and guidance.

- The service understood the requirements of legislation and guidance when considering consent and decision

## Are services effective?

making. We saw evidence clinicians were up to date with legislation and guidance. For example, by ensuring the most up to date guidance was available on the clinical system.

- Clinical staff supported patients to make decisions. Where appropriate, mental capacity was assessed and recorded to support the patient's decision making.

- The service monitored the process for seeking consent appropriately, there was a system for obtaining patient consent to share information with the patient's NHS doctor. We saw evidence of the provider sharing information of treatment were shared with the patient's own GP in line with general medical council guidance.

# Are services caring?

**We rated the service as good for caring.**

## **Kindness, respect and compassion**

Patient feedback reflected the GP treated patients with kindness, respect and compassion.

- We received 15 completed CQC comment cards and patient feedback was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- Staff completed training on equality and diversity.
- The service gave patients timely support and information.
- Patient feedback was collected and analysed regularly and was consistently positive.

## **Involvement in decisions about care and treatment**

The provider helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard; a requirement to make sure patients and their carers can access and understand the information they are given.

- Staff communicated with people in a way they could understand, for example, by providing individual advice on travel health and sexual health.
- The website was used to inform patients of symptoms and treatments and included a section on what information the service required of them to prior to a consultation.

## **Privacy and dignity**

The service respected patients' privacy and dignity, however there was one area for improvement identified during the inspection.

- The consultation room did not have a privacy screen or curtain available for patient use. Immediately following the inspection the provider sent us evidence that a privacy screen had been purchased.
- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.



# Are services responsive to people's needs?

**We rated the service as good for providing responsive services.**

## **Responding to and meeting people's needs**

The service organised and delivered services to meet patients' needs. The GP took account of patient needs and preferences.

- The facilities and premises were appropriate for the service delivered.
- The service was located in a purpose-built basement and was accessible by stairs only. Patients with mobility issues were offered appointments at one of the two locations in London which were fully accessible.
- The facilities and premises were appropriate for the services delivered.
- Information about the services provided and associated costs were available to patients on the website, the service information leaflet and by reception staff when scheduling appointments.

## **Timely access to care and treatment**

Patients were able to access care and treatment from the service within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, diagnosis and treatment.

- Waiting times and delays were minimal and managed appropriately.
- The appointment system was simple to use with booking available over the phone or via the provider's website.
- The service was available Monday to Friday from 9am to 6pm and Saturday between 10am and 4pm. Walk-in appointments were accommodated where possible.

## **Listening and learning from concerns and complaints**

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately. We reviewed all four complaints from the last 12 months and found these were managed in line with the providers complaints policy.
- The complaint policy and procedures were in line with recognised guidance. The service learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.

# Are services well-led?

## Leadership capacity and capability;

Leadership had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience to deliver the treatment that was offered and to address and manage any risks associated with it.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were able to address them.
- Service specific policies were implemented and were available and reviewed regularly.
- There were appropriate arrangements for identifying, recording and managing risks.

## Vision and strategy

The service had a clear vision and strategy to deliver high quality treatment and advice to patients the majority of whom were living and working in the London area.

- The service had a business plan in place.
- The service encouraged a holistic approach to care where appropriate. Advice and guidance was delivered according to national guidelines.

## Culture

The service had a culture of high-quality care.

- Staff we spoke with told us they felt valued and enjoyed the transparent culture.
- There was a focus on tailoring advice and treatment to each client on an individual basis.
- There was a culture of openness and honesty, this was demonstrated through the reporting and management of incidents. Leadership had oversight of complaints and incidents and systems in place to ensure it complied with the requirements of the duty of candour.
- The service operated safely, with consideration given to potential emergency situations and how staff would manage them.
- Patients were encouraged to be involved in their own care and were given the appropriate choices and options in order to make an informed decision.

## Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities and there were policies and procedures to ensure the service was being operated safely with a patient centred approach.

## Managing risks, issues and performance

There was a clear and effective process for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance.
- Clinical audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The service had plans in place to deal with major incidents.
- The service considered and understood the impact on the quality of care of service changes or developments.

## Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The provider encouraged staff and patient feedback to support ongoing sustainable treatment.

## Are services well-led?

- There were feedback processes and the service used its own feedback form to measure patient opinions.
- The service engaged with staff through appraisal and documented meetings. Staff told us they felt their feedback was appreciated.